

KATTEN MUCHIN ROSENMAN LLP525 West Monroe Street
Chicago, IL 60661-3693
312.902.5200 office 312.902.1061 fax

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Date March 16, 2006	Client/Matter Number 211467-00088	From John S. Paniaguas	Attorney Number 32347
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Total number of pages, including cover letter: pages
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16 pages

Comments

RE: Patent Application No.: 09/448,175
Filing Date: November 24, 1999
Inventor: Hanna S-H Hsu, et al
Title: Polyphase Filter with Stack Shift Capability
Confirmation No.: 4745
Please file the attached:
Transmittal Form (1 p.)
Fee Transmittal Form (1 p.)
Amendment (pp.)
Patent Application Fee Determination Record (2 pp.)
Petition for Extension of Time (1 p.) - in duplicate
Request for Continued Examination (1 p.) - in duplicate

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/448,175
	Filing Date	November 24, 1999
	First Named Inventor	Hanna S-H Hsu, et al.
	Art Unit	2834
	Examiner Name	Odom, Curtis B.
Total Number of Pages in This Submission	Attorney Docket Number	211467-00088 (12-0887)

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Request for Continued Examination Patent Application Fee Determination Record
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Katten Muchin Rosenman LLP		
Signature	<i>John S. Paniguas</i>		
Printed name	John S. Paniguas		
Date	3-16-06	Reg. No.	31,051

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Typed or printed name	Janelle A. Wiggins	Date
		3-16-06

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **\$1,240.00****Complete If Known**

Application Number **09/448,175**

Filing Date **November 24, 1999**

First Named Inventor **Hanna S-H Hsu, et al.**

Examiner Name **Odom, Curtis B.**

Art Unit **2634**

Attorney Docket No **211467-00088 (12-0887)**

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number **50-1214** Deposit Account Name **Katten Muchin**

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

360

180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)****Multiple Dependent Claims**

- 20 or HP = _____ x _____ = _____

Fee (\$) **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)Other (e.g., late filing surcharge): **RCE and Petition for Extension of Time****\$1240****SUBMITTED BY**

Signature *John S. Paraguan* Registration No. **31,051** Telephone **(312) 902-5200**

Name (Print/Type) **John S. Paraguan** Date **3-16-06**

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